



Event Scheduling Form

Hillcrest Baptist Church Operations

265 W. Pleasant Run Road • Cedar Hill, Texas 75104
phone. 972.291.3521 • fax. 972.291.8601

Date Submitted: ____ / ____ / ____

Date Received: ____ / ____ / ____

**Urgent! High-Priority Priority Low-Priority

Attention: All events must be scheduled a minimum 30 days in advance.

Use this form to request a date be added to the master calendar. If there is a conflict on date or arrangements, you will be contacted.

GENERAL INFORMATION

Did you clear this event with the department head? Yes No → If no, please coordinate with the department head before continuing.

Person requesting Event: _____ Email Address: _____ Phone: _____

Will you be in charge of this event? Yes No → Coordinator Name: _____ Phone: _____

What department does this event fall under? _____

Have you submitted a Requisition Form for this event? Yes No → If no, please get approval from dept. head and submit to finance.

Will you need petty cash and money bag for the event? No Yes → Please let the finance department know one (1) week in advance.

Will you need marketing and advertising for the event? No Yes → Please meet with the VisComm department at least (3) months in advance to schedule your advertising needs.

Does this event need to be published to the online calendar? No Yes → Please fill out the Event Description below.

Is this a church related event? Yes No → Please explain: _____

EVENT INFORMATION

Event Name: _____ How many are you expecting? _____

Date(s) of Event: ____ / ____ / ____ to ____ / ____ / ____ Time(s) of Event: ____ : ____ AM PM → ____ : ____ AM PM

Time(s) Facility Needed: ____ : ____ AM PM → ____ : ____ AM PM

Recurrence: Daily: Every ____ day(s)

Weekly: Recur every ____ week(s) on: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Monthly: Day ____ of every ____ month(s) The _____ of every ____ month(s)

FIRST, SECOND, THIRD, FOURTH, FIFTH, LAST WEEKDAY

Yearly: Every _____

MONTH DATE

The _____ of _____

FIRST, SECOND, THIRD, FOURTH, FIFTH, LAST WEEKDAY MONTH

Recurrence Pattern: Start ____ / ____ / ____ End after ____ occurrence(s) **or** End by ____ / ____ / ____

Date Exceptions: _____

Location of Event: HBC Campus → Room(s) requested: _____

Away from campus → Name of Location: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Event Description: _____

RESOURCES

Resources/Equipment needed: _____

Childcare Needed? No Yes →

How many children are you expecting? _____

Media/Sound Needed? No Yes →

Our media team is staffed by part-time staff and volunteers and may not be available for all events. Please list all media/sound details (soloist, groups, mics, projectors, etc):

Transportation needed? No Yes →

How many people will need transportation? _____

ROOM ARRANGEMENT

To the best of your ability, please draw the room arrangement below. Please include all tables, chairs, decorations, media equipment, etc.

SPECIAL INSTRUCTIONS

Needed
 Not needed

OFFICE USE ONLY

Date Available? Yes No →

Reason? _____

Building Fee? No Yes →

Estimated Total: \$ _____

Custodial Fee? No Yes →

Estimated Total: \$ _____

Media/Sound Fee? No Yes →

Estimated Total: \$ _____

Kitchen Fee? No Yes →

Estimated Total: \$ _____

AUTHORIZATION

This event has been authorized to be submitted by:

Department Director _____ Date: ____ / ____ / ____

Event Coordinator _____ Date: ____ / ____ / ____

FINAL AUTHORIZATION

***This event has been scheduled and approved by:**

Angela Collins (Operations Manager) _____ Date: ____ / ____ / ____

Does Pastor Mike need to approve this? Yes No → _____ Date: ____ / ____ / ____

**Pastor Mike Simmons